

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Managed Care Plans

Memorandum No: 03-102 MAA
Issued: December 30, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
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Subject: Early Periodic Screening, Diagnosis and Treatment (EPSDT) Updates

Effective for dates of service on or after January 1, 2004, the Medical Assistance Administration (MAA) will implement the technical changes and updates discussed in this memorandum.

Immunization Update-New Codes

- **Retroactive to November 15, 2003**, MAA will reimburse providers for the new preservative-free flu vaccines using new CPT™ codes 90655 and 90656. However, the new 2004 CPT books were inadvertently printed without the description of procedure code 90656. Below are descriptions of CPT codes 90655 and 90656:

CPT Code	Description
90655	Influenza virus vaccine, split virus, preservative-free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative-free, for use in individuals 3 years of age and above, for intramuscular use

These vaccines are available at no cost from the Department of Health (DOH) through the Vaccines for Children Program. **Providers must use modifier SL when billing for these vaccines.** MAA will pay an administration fee only for these vaccines.

- **Effective January 1, 2004**, the AMA released new CPT code 90698 for the new DTaP-Hib-IPV combination vaccine. Since the separate vaccines are available at no cost from DOH through the Vaccines for Children Program, MAA will not reimburse providers for the combination vaccine. Contact your local health department regarding future availability of the new combination vaccine through the Vaccine for Children Program

Technical Changes and Corrections

Incorrect Shading on EPSDT Billing Instructions

CPT code 90718 was inadvertently left unshaded in the EPSDT Billing Instructions. Attached is replacement page E.7/E.8 to MAA's EPSDT Program Billing Instructions, dated July 2001. This vaccine is available at no cost from DOH through the Vaccines for Children Program. MAA will pay an administration charge only for this vaccine. **Providers must bill the administration charge by billing 90718 with the SL modifier.**

Synagis

Retroactive to December 1, 2003, MAA increased the maximum allowable fee for Synagis:

Procedure Code	Brief Description	Maximum Allowable Fee	Restrictions
90378	Respiratory syncytial viru immune globulin; intramuscular	\$623.63 (per 50 mg)	PA is not required for clients 11 months of age and younger from December 1 through April 30. PA is required for all other time periods and for all other age groups.

Documentation Requirements for Unlisted Drug Codes

Retroactive to dates of service on and after July 1, 2003, providers who bill MAA using unlisted drug HCPCS codes J3490 and J9999 must list the following on the claim form:

- The 11-digit National Drug Code (NDC) of the drug administered; and
- The dose of the drug administered.



Note: MAA no longer requires the name and strength of the drug be listed on the claim form when billing unlisted drug HCPCS codes J3490 or J9999.

To obtain this numbered memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Immunization Fees

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee	
		NFS Fee	FS Fee
90476	Adenovirus vaccine, type 4	Not covered	Not covered
90477	Adenovirus vaccine , type 7	Not covered	Not covered
90581	Anthrax vaccine, sc	Not covered	Not covered
90585	Bcg vaccine, percut	\$144.96	\$144.96
90586	Bcg vaccine, intravesical	144.96	144.96
90632	Hep a vaccine, adult im	55.27	55.27
90633	Hep a vacc, ped/adol, 2 dose	26.98	26.98
90634	Hep a vacc, ped/adol, 3 dose	Not covered	Not covered
90636	Hep a/hep b vacc, adult im	84.41	84.41
90645	Hib vaccine, hboc, im	22.02	22.02
90646	Hib vaccine, prp-d, im	18.41	18.41
90647	Hib vaccine, prp-omp, im	15.90	15.90
90648	Hib vaccine, prp-t, im	20.84	20.84
90657	Flu vaccine, 6-35 mo, im	2.59	2.59
90658	Flu vaccine, 3 yrs, im	4.04	4.04
90659	Flu vaccine, whole, im	2.59	2.59
90660	Flu vaccine, nasal	49.45	49.45
90665	Lyme disease vaccine, im	55.31	55.31
90669	Pneumococcal vacc, ped<5	65.47	65.47
90675	Rabies vaccine, im	123.26	123.26
90676	Rabies vaccine, id	77.94	77.94
90680	Rotovirus vace, oral	Not covered	Not covered
90690	Typhoid vaccine, oral	9.21	9.21
90691	Typhoid vaccine, im	38.02	38.02
90692	Typhoid vaccine, h-p, sc/id	1.01	1.01
90693	Typhoid vaccine, akd, sc	Not covered	Not covered
90700	Dtap vaccine, im	20.29	20.29
90701	Dtp vaccine, im	9.52	9.52
90702	Dt vaccine <7, im	3.26	3.26
90703	Tetanus vaccine, im	13.01	13.01
90704	Mumps vaccine, sc	16.16	16.16
90705	Measles vaccine, sc	13.04	13.04
90706	Rubella vaccine, sc	15.15	15.15
90707	Mmr vaccine, sc	36.85	36.85
90708	Measles-rubella vaccine, sc	21.81	21.81
90710	Mmr vaccine, sc	Not covered	Not covered
90712	Oral poliovirus vaccine	17.59	17.59

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee	
		NFS Fee	FS Fee
90713	Poliovirus, ipv, sc	\$23.27	\$23.27
90716	Chicken pox vaccine, sc	62.31	62.31
90717	Yellow fever vaccine, sc	53.56	53.56
90718	Td vaccine >7, im	10.43	10.43
90719	Diphtheria vaccine, im	Not covered	Not covered
90720	Dtp/hib vaccine, im	34.03	34.03
90721	Dtp/hib vaccine, im	Not covered	Not covered
90725	Cholera vaccine, injectable	2.78	2.78
90732	Pneumococcal vacc, adult/ill	11.86	11.86
90733	Meningococcal vaccine, sc	59.35	59.35
90735	Encephalitis vaccine, sc	72.20	72.20
90740	Hepb vacc, ill pat 3 dose im	100.41	100.41
90743	Heb b vacc, adol, 2 dose, im	24.49	24.49
90744	Hepb vacc ped/adol 3 dose, im	24.49	24.49
90746	Hep b vaccine, adult, im	50.21	50.21
90747	Hepb vacc, ill pat 4 dose, im	100.41	100.41
90748	Heb b/hib vaccine, im	92.02	92.02
90749	Vaccine toxoid	By Report	By Report

Injectable Drugs (J-Codes)

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee	
		NFS Fee	FS Fee
J0850	Cytomegalovirus imm IV / vial	\$635.79	\$635.79
J1460	Gamma globulin 1 CC inj	10.32	10.32
J1470	Gamma globulin 2 CC inj	20.64	20.64
J1480	Gamma globulin 3 CC inj	31.00	31.00
J1490	Gamma globulin 4 CC inj	41.28	41.28
J1500	Gamma globulin 5 CC inj	51.60	51.60
J1510	Gamma globulin 6 CC inj	61.80	61.80
J1520	Gamma globulin 7 CC inj	72.17	72.17
J1530	Gamma globulin 8 CC inj	82.56	82.56
J1540	Gamma globulin 9 CC inj	92.97	92.97
J1550	Gamma globulin 10 CC inj	103.20	103.20
J1560	Gamma globulin > 10 CC inj (per cc)	10.32	10.32
J1563	IV immune globulin	70.95	70.95
J1564	Immune globulin 10 mg	0.78	0.78